U.S. Depailment of Labor Offide of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Úse Only
E	MR 4200 205 0197

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7/16	2. Fiscal Year Covered From:	
Transmission of the second	1 / 1 / 05 Through: 12 / 31 / 05	
Name and address of person filling.	4. Name, file number, and address of labor organization.	
gras say and a manuscript of the properties of t		
Name JOHN DICKERSON	Name MID-CONTRAL IL REGIONAL COUNCIL OF CHAPENTERS	
	Labor Organization File Number 211 509-32 4	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2928 SAND GATE RD	Street #1 KALMIA WAY	
City Spring Field	City SPRW9FIELD	
State 12 ZIP Code + 4 62702-2056	State 12 ZIP Code + 4 62702	
5. Position in labor organization. ONGAN 12EN		
(except as specified in the exclusion) A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street Street	7.6. Amount.	
City International Control of the Co		
State ZIP Code + 4		
Signa	ature	
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the	
Signed John Parlerson	On 3/6/06 217-523-70/8	
	Date Telephone Number	

Name of Person Filing JOHN DICKERSON	File Number	U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionally any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name PUN 2AL HONING MAD COOLING Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Y795 (INDUSTRIAL DR. City SPRING FILLID State IC ZIP Code + 4 62703 10. If 9.b. or 9.c. is checked give trust or employer's name. Name	9. Business deals with: A. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. HAS A SERVICE CONTRACT WITH MID-CENTRAL (L. REGIONAL COUNCIL OF CARPINITIES	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street		
City A Company of the	11.b. Approximate dollar value of such deal	ing. 1224,00
And the special and properties to the second in the second special paper of special papers of special	12.a. Nature of interest held or income re	Approximate the form of Section (Notice Approximation of the complete Management (Market Approximation of the complete of the
State ZIP Code + 4	PUNZAK	cipiano
State ZIP Code + 4	"囊",我们们就是一个一个一块,是一个工具的情况,但是这个一个是一定,可以为一个一个是有一个一定。	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	PUNZAK 12.b. Amount. r parts A and B above)	20,000°/4EAN
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